

CHAPTER

8

ALTERNATIVE RESIDENTIAL PLACEMENTS

An Alternative Residential Placement is the placement of an individual in a high management group home or therapeutic foster home setting that is not operated by a DSN Board. Alternative Residential Placements are pursued for consumers who need more supports or different supports than can be provided within the local DSN system. All Alternative Residential Placements are authorized and approved through the Office of Behavioral Supports at the South Carolina Department of Disabilities and Special Needs Central Office. Alternative Residential Placements are not automatically available or accessible. Consumers of DDSN must be referred, interviewed and accepted for admission into placement by the private providers such as Mentor, Lutheran Family Services, New Hope Carolinas Triad Program, Youth Advocate Program, Palmetto Pee Dee Behavior Health System, Pine Grove, and Willowglen Academy.

South Carolina Department of Social Services, Department of Mental Health and Continuum of Care Referrals:

If the Service Coordinator/Early Interventionist, along with the individual's case manager, assess needs that can be met by support services available through the MR/RD Waiver, then a Request for MR/RD Waiver Slot Allocation (MR/RD Form 30) should be submitted according to policies outlined in Chapter 3 of the MR/RD Waiver Manual. If the DSN Board is approached by the South Carolina Department of Social Services (SCDSS), the Department of Mental Health (DMH) or Continuum of Care (COC) regarding a cost share request or request to fund alternative placement, then the DSN Board needs to inform the requesting agency that DSN boards cannot enter into cost share agreements for individuals in therapeutic foster care/alternative residential placements with other state agencies. Cost shares with other state agencies for alternative placements are discussed and arranged with DDSN Central office, Office of Behavioral Supports. SCDSS, DMH or COC can request to have a staffing on the case with the DSN Board along with someone from DDSN Central Office or the appropriate district office representative, but DSN Boards should not be initiating waiver slot requests in order to cost share on an alternative residential placement. This will be done only by direction from the Office of Behavioral Supports. Furthermore, not all cost share agreements between DDSN and other state agencies lead to MR/RD Waiver application referrals. If there are other services that you can offer on a specific case in Regular or Therapeutic Foster Care (e.g. autism consult, behavior support consultation, etc), then you can discuss these options with SCDSS, DMH or COC and provide these services if needed to help preserve the placement if it is a specialized service they cannot otherwise access for the individual. Please redirect local SCDSS, DMH or COC to contact their state office.

Individuals who reside in Alternative Residential Placements can receive MR/RD Waiver funding for the placement, but not all Alternative Residential Placements are funded through the MR/RD Waiver. Because the degree of support is greater or the support is unique, the rate paid for these placements is substantially higher than the rate paid for most Residential Habilitation. The Residential Habilitation rate paid to Alternative Placement providers includes funding for all services that the individual may need (i.e. psychological services, day services, personal care services, etc.) **except Adult Vision, Adult Dental, Audiology Services, and/or Prescribed Drugs**. Therefore, those residing in Alternative Residential Placement can receive, Adult Dental, Adult Vision, Audiology and/or Prescribed Drugs through the MR/RD Waiver without prior approval from SCDDSN Central Office. **All other waiver services must first be approved by SCDDSN Central Office.**

To request an approval for additional waiver services in an Alternative Residential Placement, you must complete the **Request for MR/RD Waiver Service(s) Addition in Alternative Residential Placement (MR/RD Form 33)** and attach a copy of the Single Plan/IFSP/FSP. This packet should be forwarded to the Lead Coordinator for MR/RD Waiver and Service Planning at SCDDSN Central Office. Appropriate SCDDSN Central Office staff will review the request. You will receive written notification of the approval or denial. If the request is approved, you may proceed with adding the request to the Waiver Tracking System and authorizing the service. If the service is denied, you will follow procedures outlined in ***Chapter 8*** regarding written notification to the consumer regarding denial of a service.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REQUEST FOR MR/RD WAIVER SERVICE ADDITIONS IN ALTERNATIVE RESIDENTIAL PLACEMENT

Section 1: Participant Information

Name of Individual:				Date:	
Birth Date:	____/____/____	Social Security Number:			
Current Residential Placement	<input type="checkbox"/>	Therapeutic Foster Home _____ Location	<input type="checkbox"/>	New Hope _____ Location	
	<input type="checkbox"/>	High Management Group Home _____ Location	<input type="checkbox"/>	LFS Victory House	
	<input type="checkbox"/>	MENTOR _____ Location	<input type="checkbox"/>	Other _____	
Date of Placement:		____/____/____			
SCDDSN Eligibility Category:					
<input type="checkbox"/>	MR/RD	<input type="checkbox"/>	Autism	<input type="checkbox"/>	At-Risk/High Risk
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Time Limited MR/RD

Section 2: Provider Information

Service Coordinator/Early Interventionist:	
DSN Board/Provider:	
Address:	

Section 3: Request Information

Service Requested		Anticipated Units Per Month or Needed Items	One-Time or Ongoing/Comments
Adult Companion Services	<input type="checkbox"/>		
Adult Day Health Care	<input type="checkbox"/>		
Behavior Support Services	<input type="checkbox"/>		
Day Habilitation	<input type="checkbox"/>		
Nursing Services	<input type="checkbox"/>		
Occupational Therapy	<input type="checkbox"/>		
Personal Care Services I or II	<input type="checkbox"/>		
Physical Therapy Services	<input type="checkbox"/>		
Prevocational Services	<input type="checkbox"/>		
Psychological Services	<input type="checkbox"/>		
Respite	<input type="checkbox"/>		
Assistive Technology	<input type="checkbox"/>		
Speech Therapy Services	<input type="checkbox"/>		
Supported Employment	<input type="checkbox"/>		

Section 4: Justification

Section 4: Indicate how the services will assist the consumer and prevent the need for institutional placement. Explain efforts to resolve service need with the Alternative Residential Placements Provider. If the request is for Assistive technology, please include each specific medical supply or equipment along with anticipated schedule of use (e.g. 3 cases of diapers per month), and cost.

I verify that the Single Plan/IFSP/FSP has been reviewed and supports the request for the requested MR/RD Waiver Services. The Single Plan/IFSP/FSP is attached.

Service Coordination/Early Intervention Supervisor

Date

Section 5: Approval/Denial

☐ Approved ☐ Denied

Jennifer Payne, MR/RD Waiver Coordinator

Date

☐ Approved ☐ Denied

Designee, Office of Clinical Services

Date

☐ Approved ☐ Denied

Richard Wnek, Director Cost Analysis

Date